

2023-2024 Plan		Traditional Plan		High Deductible Health Plan	
H.S.A.	Health Savings Account	Employer contribution = \$0		Employer contribution = \$125 per month ** Prorated based on compensated hours	
MEDICAL COVERAGE	Medical Deductible				
	Per Person	\$500		\$2,000	
	Per Person +1	\$1,000		\$4,000	
	Per Person +2 or more	\$1,500		\$4,000	
	Co-payments after deductible	Plan 75% / Employee 25%		Plan 100% / Employee 0% **see out of pocket amount	
	Medical Out of Pocket (OOP) includes deductible, plan pays 100% after OOP				
	Per Person	\$1,500		\$2,000	
	Per Person +1	\$3,000		\$4,000	
	Per Person +2 or more	\$3,000		\$4,000	
	Preventative Care	Plan 100% deductible waived	same	Plan 100% deductible waived	
	Flathead City-County Health Dept services	Plan 100% deductible waived		Plan 0% / Employee 100% after deductible & OOP: Plan 100%	
	Recuro (formally WellVia) Telemedicine	Plan 100% deductible waived	same	Plan 100% deductible waived	
PHARMACY COVERAGE	Pharmacy Deductible				
	Per Person	\$300		included in Medical Deductible	
	Per Person +1	\$600		included in Medical Deductible	
	Per Person +2 or more	\$900		included in Medical Deductible	
	Co-payments after deductible				
	Generic	Plan 90% / Employee 10%		Plan 100% / Employee 0%	
	Preferred Brand	Plan 80% / Employee 20%		Plan 100% / Employee 0%	
	Non-Preferred Brand	Plan 70% / Employee 30%		Plan 100% / Employee 0%	
				**see medical deductible and OOP	
	Pharmacy Out of Pocket (OOP) includes Rx deductible, plan pays 100% after OOP				
	Per Person	\$4,000		included in Medical OOP	
	Per Person +1	\$8,000		included in Medical OOP	
	Per Person +2 or more	\$8,000		included in Medical OOP	
DENTAL COVERAGE	Dental Deductible				
	Per Person	\$25		\$25	
	Per Family	\$75	same	\$75	
	Dental Co-payments				
	Type A (Preventative)	Plan 100% - ded. Waived		Plan 100% - ded. Waived	
	Type B (Basic Care)	Plan 75% / Employee 25%	same	Plan 75% / Employee 25%	
	Type C (Major Restorative)	Plan 50% / Employee 50%		Plan 50% / Employee 50%	
	Maximum Dental Benefit	Plan \$1,500	same	Plan \$1,500	
ORTHO	Maximum Orthodontia Benefit	Plan \$1,000 (lifetime)	same	Plan \$1,000 (lifetime)	
VISION	Vision Benefit	Plan \$500	same	Plan \$500	